

**EXAMPLE OF PUBLIC NOTICE
WHEN APPLYING FOR AN ABC LICENSE**

KRS 243.360 requires a person to advertise by publication under KRS 424.130(1)(b) his or her intention to apply for a license before filing an alcohol license application. Please use this form to assist you with this requirement. KRS 424.120 identifies which newspapers qualify.

**YOUR ADVERTISEMENT SHOULD READ AS FOLLOWS:
(Fill in the blanks)**

_____, Mailing address
(List the Name of each Sole Proprietor, Partners, or the name of the Corporation, Partnership or L.L.C. which will be licensed).

_____. Hereby declares intention(s)
(Include Street, City, State and Zip)

to apply for a _____ license(s)

(List **all license types** and **business types** for which you are applying. (Example) Quota Retail Drink, Quota Retail Package, NQ1 – Retail Drink License Convention Center, NQ1-Retail Drink License Horse Race Track, Alcoholic Beverage NQ2-Restaurant Liquor, Wine and Malt Beverages (beer) by the Drink, NQ-Malt Beverage Package, Caterer's, Alcoholic Beverage NQ3-Private Club, Alcoholic Beverage Limited Restaurant by the Drink, Alcoholic Beverage Limited Golf course by the Drink, and so on...) AND all **business types**. (**Be sure** to refer to your ABC application and the attached license type list for correct names for all license types which you are making application.)

no later than _____, The business to be licensed will be
(Enter the date you intend to make application to the State ABC)

located at _____ Kentucky _____.
(List the **EXACT** street address and city where the ABC license is to be issued) (Zip)

doing business as _____
(List the name of your business (D.B.A.))

The (owner(s); Principal Officers and Directors; Limited Partners; or Members) are as follows:

_____,	_____	of	_____
Title or position	Name		Home address, city, state, and zip code
_____,	_____	of	_____
Title or position	Name		Home address, city, state, and zip code
_____,	_____	of	_____
Title or position	Name		Home address, city, state, and zip code
_____,	_____	of	_____
Title or position	Name		Home address, city, state, and zip code
_____,	_____	of	_____
Title or position	Name		Home address, city, state, and zip code

Any person, association, corporation, or body politic may protest the granting of the license(s) by writing the Dept. of Alcoholic Beverage Control, 1003 Twilight Trail, Frankfort, Ky. 40601-8400, within 30 days (KRS 243.430) of the date of this legal publication. (End of advertisement)

Forward a clipping of this advertisement along with the Affidavit of Publication to:

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL
1003 Twilight Trail
Frankfort, Kentucky 40601-8400
502-564-4850 phone
502-564-1442 fax
<http://abc.ky.gov>



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GLUE OR
TAPE
CLIPPING
HERE

AFFIDAVIT OF PUBLICATION

Attesting Publication of Intention to Engage in an Alcoholic Beverage Business

The following Affidavit of Publication is to be executed by an officer of the newspaper in which the applicant advertised, one time before the date of application for an alcoholic beverage license, his/her intention to engage in the business authorized by the license(s) applied for. A clipping of the advertisement must be attached to this Affidavit of Publication.

_____ of _____
(Name of Officer at Newspaper) (City) (State)

Being first duly sworn, says that he / she is _____
(Title of Position at Paper)

of the _____ a newspaper printed and published in the
(Name of Newspaper)

State of _____ County of _____, and having a general circulation in the County of _____, Kentucky, and that the attached advertisement is a true copy and has been

Published in said newspaper on the following date(s): _____

Signature of Officer _____

Subscribed and sworn to before me, a Notary Public within and for the State and County aforesaid, by

_____ to me personally known, this _____ day of _____ (year) _____

My Commission expires the _____ day of _____ (year) _____

County of _____ Notary Public _____

***THIS AFFIDAVIT PROPERLY EXECUTED MUST BE ATTACHED TO THE ABC APPLICATION
FOR LICENSING.***